

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587 101

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	0					
8	0					
9	0					
10	1					
11	1					
12	1					
13	1					
14	1					
15	3					
16	3					
17	1					
18	1					
19	2					
20	0					
21	0					
22	0					
23	0					
24	1					
25	0					
26	0					
27	0					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	0					
38	1					
39	1					
40	1					
41	1					
42	2					
43	2					
44	0					
45	0					
46	0					
47	0					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						